STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145706	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Whitehall of Deerfield	300 Waukegan Road Deerfield, IL 60015

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34506 Based on observation, interview, and record review, the facility failed to treat a resident in a dignified manner for one of 27 residents (R51) reviewed for dignity in the sample of 27. The findings include: R51's Admission Record shows he was admitted to the facility on [DATE] with diagnoses including Parkinson's Disease, pneumonitis, difficulty in walking, need for assistance with personal care, dysphagia, depression, and anxiety disorder. On April 21, 2025 at 12:17 PM during the lunch meal, R51 was sitting in his high back recliner. V21 Activity Coordinator was standing in front of R51 spooning thickened liquids and pureed food into R51's mouth. V21 was not sitting down within eye to eye level of R51. On April 23, 2025 at 9:13 AM, V1 Administrator said staff should be sitting down while feeding residents so they are able to engage with the residents. V1 said an inservice was provided to staff in regards to sitting while feeding residents. The facility's Privacy and Dignity Policy revised August 16, 2024 shows, It is the facility's policy to ensure that resident's privacy and dignity is respected by the staff at all times.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 35174 Based on observation, interview, and record review the facility failed to monitor weights for a resident with weight loss and failed to apply compression stockings for a resident with a history of blood clots which applies to 2 of 2 residents (R96, R5) reviewed for quality of care in a sample of 27. The findings include: 1. R96's Facesheet printed on 4/23/25 showed R96 is an eighty-three year old female resident readmitted to the facility from a hospital stay on 3/24/25 with diagnoses which included: Parkinson's disease, acute post hemorrhagic anemia, stage 3 sacral pressure ulcer, dysphagia, mild protein-calorie malnutrition, and malignant neoplasm of pancreas. R96's medical record showed a readmission weight of 160 pounds on 3/24/25. R96's previous weight of 2/8/25 was 171 pounds. This is a 6.4% difference. On 4/21/25 R96's weights were reviewed. These were the only 2 weights in R96's vitals section. R96's Order Summary Report printed on 4/22/25 showed an order for weekly weights to be done every Monday. The order start date is 3/24/25. On 4/22/25 at 1:46 PM, V18 Clinical Nutrition Manager (Dietitian) stated R96 has multiple issues which could cause weight loss. Weight need to be done to monitor a resident for weight loss. If you do not know a resident is losing weight you will not know to do anything about it. Orders should be done as ordered which is usually daily, weekly, or monthly. The facility's Weights Policy revised on 8/19/24 showed weights should be obtained monthly unless otherwise ordered differently by the physician. 35119 2. On 4/21/25 at 1:23 PM, R5 was brought to her room from the dining room. R5 was assisted to bed for incontinence care. R5 did not have compression stockings on her legs. On 4/22/25 at 2:17 PM, R5 was in bed in her room. V11 Licensed Practical Nurse (LPN), with this surveyor, lowered R5's blankets and lifted R5's pant legs. R5 did not have compression stockings on her legs. V11 said she was not sure if R5 wears stockings or not. On 4/23/25 at 9:09 AM, V2 Director of Nursing said the expectation is to follow all physician orders including treatments, medications, and compression hose. R5's Physician Orders dated 11/13/23 shows, Apply bilateral knee high stockings in the AM and remove at HS. R5's Physician Progress Note dated 3/14/25 shows, Right lower extremity deep vein thrombosis status post Inferior Vena Cava filter, apply bilateral knee high stockings in AM and remove at HS.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35174 Based on observation, interview, and record review the facility failed to ensure pressure relieving interventions were in place for residents at risk for developing pressure injuries for three of six residents (R276, R26, R51) reviewed for pressure injuries in a sample of 27. The findings include: 1. R276's Facesheet printed on 4/22/25 showed R276 is an eighty-five year old male resident admitted to the facility on [DATE] with diagnoses which include: type 2 diabetes mellitus, peripheral vascular disease, unstageable sacral pressure ulcer, and needing assistance with personal care. R276's Braden Skin Assessment summary printed on 4/23/25 showed R276 has been at High Risk for developing pressure injuries since his initial assessment on 4/10/25. On 4/21/25 at 11:20 AM and 1:20 PM R276 was lying in with his legs/heels directly on the mattress. On 4/22/25 at 9:50 AM R276 was in the same possition with no heel offloading devices in place. R276's legs had reddened areas along the calf area. R276 stated the reddened areas were abrasions sustained from a fall prior to being admitted . R276 stated it had been a while since the staff had offered to have anything placed under his legs. On 4/22/25 at 2:20 PM, V19 (R276 family) stated they had not been told R276 had ever refused to have his feet offloaded while in bed. On 4/23/25 at 10:00 AM V15 Wound Nurse Manager stated off loading heels is a preventative intervention for pressure injuries. If a resident refuses an intervention they should be reapproached later to attempt to put the intervention in place. on 4/23/25 at 10:15 AM V17 Scheduler/Certified Nursing Assistant (CNA) stated the devices we use for heel protection and off-loading are our green boots (padded) and pillows which are placed under a residents heels/legs to relieve the pressure on the heels. If a resident refuses cares or repositioning (includes off-loading) we need to reapproach the resident to try again. R276's Careplan printed on 4/22/25 showed R276 having a focus for poor skin integrity and having a pressure injury with an intervention of off-loading R276's heels when in bed. 35119 2. On 04/21/25 at 12:46 PM, V20 Certified Nursing Assistant (CNA) wheeled R26 from the lunch room to her room. R26 had a padded heel boot on her right left only. V20 said R26 does not have any wounds on her heels, the boots are for protection. R26's Physician Orders dated 12/4/23 shows an order heel suspension boots when in bed or up in the wheelchair every shift. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/23/25 at 10:18 AM, V15 Wound Nurse Manager said R26 has an arterial wound on her right great toe. V15 said R26 likes to her cross legs which impairs her circulation, so the heel boots reduce pressure and to prevent new wounds. V15 said if R26 is refusing the heel boots, staff should let the nurse know and chart the refusal. R26's Treatment Administration Record shows on 4/21/25 heel suspension boots were applied, there is no documentation of refusal. On 04/23/25 at 9:09 AM, V2 Director of Nursing said the expectation is to follow all physician orders including treatments, medications, and pressue reducing boots. 34506 3. R51's Admission Record shows he was admitted to the facility on [DATE] with diagnoses including Parkinson's Disease, pneumonitis, difficulty in walking, need for assistance with personal care, dysphagia, depression, and anxiety disorder. R51's Risk assessment dated [DATE] shows he is at a high risk for developing pressure injuries. R51's Care Plan intitiated November 29, 2024 shows, [R51] is at risk for impairment to skin integrity due to disease process, diagnosis of Parkinson's Disease with fluctuation, decreased mobility, incontinence of bowel and bladder, and fragile skin. Off load heels. On April 21, 2025 at 10:48 AM, R51 was sitting in the facility's dining room in a high back wheeled recliner. R51's heels and feet were on the recliners foot rest. On April 22, 2025 at 11:13 AM, R51 was sitting in his high back wheeled recliner. There was no pillow or protective heel boots. R51's feet and heels were directly on the foot rest of the high back wheeled recliner. On April 23, 2025 at 9:13 AM, V2 Director of Nursing (DON) said resident's heels should be offloaded. Residents' heels should be elevated and can be offloaded with pillows or heel protective boots. The facility's Wound Care Guidelines Policy reviewed January 24, 2024 shows, Residents may be properly positioned in bed using pillows or other supportive devices to help protect bony prominence areas susceptible to pressure. Offload elbows and heels as needed. Elevate resident heels off the bed as indicated.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34506 Based on observation, interview, and record review, the facility failed to ensure interventions were in place to prevent a contracture from getting worse for one of 27 residents (R69) reviewed for range of motion in the sample of 27. The findings include: R69's Admission Record shows he was admitted to the facility on [DATE] with diagnoses including hemiplegia and hemiparesis, dysphagia, and pressure injury of sacral region. R69's facility obtained picture shows that R69 had a rolled wash cloth to his left contracted hand. On April 21, 2025 at 10:08 AM, 10:52 AM, and 1:11 PM R69's left hand was contracted and bent up on his chest. There were no devices in place to R69's contracted hand. On April 23, 2025 at 9:13 AM, V2 Director of Nursing (DON) said R69 should have a rolled washcloth in place to his contracted hand. V2 said the rolled wash cloth is used to help prevent further injury to his left hand. The facility's Restorative Nursing Program revised August 19, 2024 shows, Appropriate nursing and restorative services consistent to the resident's functional needs must be provided. Nursing and Restorative Services may include the following: Contracture Prevention and Management: passive range of motion, active range of motion, and splint/orthotic management.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 47552 Based on observation, interview, and record review the facility failed to ensure medications were administered according to professional standards. This applies to 1 of 27 residents (R380) reviewed for pharmacy services in the sample of 27. The findings include: On 4/22/25 at 9:02 AM, R380 was lying in bed watching television. On R380's bedside table on the right side of R380's bed there was a small plastic cup that contained two pills. R380 said the pills were mycophenolate and R380 has to take them on an empty stomach. R380 said she did not eat breakfast until almost 9:00 AM on 4/22/25 and was holding them to take around 9:30 AM. R380's Order Summary Report dated 4/23/25 shows R380 has an order for mycophenolate, take two tablets by mouth one time a day for organ transplant. R380's Order Summary Report does not show R380 has orders to self-administer medications. On 4/23/25 at 9:13 AM, V2 (Director of Nursing) said the normal procedure of providing a resident medications includes introducing themselves to the resident, answering any questions about the medications that the resident may have, and provide the resident with the medication. If a resident does not want to take the medication at that time, the nurse is to take the medication with them and not leave the medication in the room with the resident. V2 said there are no known residents at this time in the facility that are able to self-administer medications. Facility Medication Pass policy dated 8/16/24 states, It is the policy of the facility to adhere to all Federal and State regulations with medication pass procedures.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40085 Based on observation, interview and record review the facility failed to ensure insulin pens and tuberculin purified protein derivative (PPD) were labeled with open and with expiration dates, and failed to ensure medications were stored securely for 5 of 10 residents (R78, R16, R384, R385 and R386) reviewed for medication labeling/storage in the sample of 27. The findings include: On [DATE] at 11:03 AM, in the 2nd floor medication cart there were 2 insulin pens open that were not dated and 1 insulin pen that had expired on [DATE]. These were identified as flextouch insulin pens belonging to R78 which included one expired pen and one unlabeled pen, and a unlabeled Humalog kwik pen belonging to R16. At 11:03 AM while checking the medication cart V10 (Registered Nurse/ RN) said insulin pens should be labeled when they are opened and have the expiration date also, which would be 28 days later. V10 said all expired pens or medications should be immediately removed from the medication cart and disposed of. On [DATE] at 11:18 AM, while the surveyor was checking a second medication cart with V11 (Licensed Practical Nurse/LPN), V10 showed the surveyor that she had put dates on the insulin pens and was going to put them back inside the medication cart. The surveyor asked how she determined when the pens were opened as one of the pens was dated for [DATE]. V10 then placed the insulin pens on the top of her medication cart and walked down to the medication room leaving the pens unsecured and sitting out. At 11:25 AM the insulin pens were still sitting on the top of the medication cart. R16's Medication Administration Record (MAR) shows he has an order with a start date of [DATE] for a Humalog kwik pen which is being administered twice a day. R78's MAR shows he has an order for Tresiba Flex touch injector-pen which is given once a day. On [DATE] at 11:38 AM, the 2 North medication room was observed with the surveyor and V13 (RN) inside the refrigerator were 2 open not dated Tuberculin PPD solution vials, one was half full and the second a quarter full. V13 said those are used when new admission come in to 2 North and they administer the vials to do TB skin tests. V13 said the vials should be dated when open and he thinks they are good for 30 days. When the surveyor asked V13 how he would know that the vials are still good if there is no date to identify when it was opened he replied good point. V13 said a couple residents just had TB tests from the vial a couple days ago. V13 then placed both vials back in the refrigerator and locked it. The facility provided a list of residents recently admitted to 2 North which included R385 and R386 both were admitted on [DATE], and R384 who was admitted on [DATE]. R384's MAR shows he received 2 doses of Tuberculin PPD on [DATE] and [DATE]. R385 and R386's MAR's show they both received doses of the Tuberculin PPD on [DATE]. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On [DATE] at 9:58 AM, V2 (Director of Nursing) said insulin pens and Tuberculin solution should all be dated when opened and have an expiration date on them. V2 said tuberculin solution and most insulin pens are good for 28 days but they follow pharmacy recommendation guidance for the expiration dates. V2 said expired medication should be immediately removed from the medication carts and all medication should be secured and not left sitting out on the top of medication carts. The facility provided Medication pass policy last revised [DATE] shows all opened medication vials should be labeled with the date opened and expires in 28 with the exception of one insulin and an eye drop medication. The facility provided Medication, Storage, Labeling and Disposal policy last revised on [DATE] shows that medication will be secured in a locked storage area and medications should be labeled with the name of the medication, and the expiration date.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 47552 Based on observation, interview, and record review the facility failed to ensure facility recipes were followed. This has the potential to effect all residents receiving food from the kitchen. The findings include: The Centers for Medicare and Medicaid Services form 671 shows there are 131 residents residing in the facility. Facility provided list of residents that have an order of NPO (Nothing by Mouth) show there are three residents with an order of NPO that do not receive food from the kitchen. Facility provided menu week at a glance shows on 4/21/25 the noon meal includes beef barley soup, turkey and Swiss cheese sandwich, three bean salad, and mandarin oranges. 1. On 4/21/25 9:48 AM, dietary staff were seen scooping three bean salad from a bulk container into portion cups for the noon meal. The staff member was using a 4 ounce (oz) slotted spoodle with a green handle. On 4/21/25 at 11:20 AM, the mandarin orange portion in the portion cups being placed on resident trays appeared small. On 4/21/25 at 12:02 PM, V3 (Food Service Director) measured both the mandarin orange and three bean salad portion sizes provided on the trays at lunch. V3 used a slotted 4oz spoodle with a green handle to measure and both the mandarin orange portion and three bean salad portion did not fill the 4oz spoodle. V3 said the approximate portion sizes of the mandarin oranges was 2oz and the approximate portion of three bean salad was 3oz, respectively. V3 said the menu that is posted on the bulletin board in the kitchen does not indicate portion sizes and staff would have to ask V3 to get the recipe binder to review the correct portion sizes for each meal. Facility Diet Spreadsheet shows the correct serving utensil for both the three bean salad and mandarin oranges should be a #8 scoop, which provides 4oz. 2. On 4/21/25 at 12:18 PM, the facility provided test tray of both a regular meal and a puree meal included pureed soup. The pureed soup was in a coffee mug with a plastic lid. When the plastic lid was removed, a dark, beef broth-like liquid was revealed and was a thin-liquid consistency. On 4/21/25 at 12:10 PM, R76 was sitting up in his wheelchair in the hall outside of R76's room. R76's lunch tray was delivered and R76 tasted the brown colored thickened liquid in the mug on R76's tray. Loudly, and very upset, R76 proclaimed, This is not beef barley soup! Look at the menu, it's supposed to be beef barley soup! What is this? I'm not eating this! (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 4/21/25 at 12:10 PM, V3 (Food Service Director) said the cook will remove a portion of the cooked soup for the day, strain the solids from the liquid, and serve the liquid in coffee mugs. Kitchen staff will provide a thickening packet on resident trays that have orders for thickened beverages and nursing staff will thicken the soup before delivery. On 4/23/25 at 9:09 AM, V1 (Administrator) said after talking with V3 and V18 (Clinical Nutrition Manager-Registered Dietitian) the proper process of making the pureed soup is taking a portion of the regular soup, including the liquid and solids, puree the mixture, then strain the pureed mixture through a strainer to ensure a smooth, uniform consistency that is free of chunks. Facility provided recipe for pureed beef barley soup, provided on 4/21/25, shows that it was redacted with white-out stating, Place prepared beef barley soup in [sic] strain to get a broth. Facility provided recipe for pureed beef barley soup, provided on 4/23/25 without white-out, states, Place prepared beef barley soup in food processor and blend to a smooth consistency.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 47552 Based on observation, interview, and record review the facility failed to ensure safe food handling procedures were being practiced. This has the potential to effect all residents receiving food from the kitchen. The findings include: The Centers for Medicare and Medicaid Services form 671 shows there are 131 residents residing in the facility. Facility provided list of residents that have an order of NPO (Nothing by Mouth) show there are three residents with an order of NPO that do not receive food from the kitchen. 1. On 4/21/25 at 9:53 AM, V4 (Dietary Aide) and V5 (Dietary Aide) were breaking down breakfast trays on one side of the dirty side of the dish machine counter. V6 (Dietary Aide) was wearing gloves and was placing plates, utensils, trays, and other items into dish racks and running them through the dish machine on the opposite side of the dish machine counter from V4 and V5. V6 went over to the clean and sanitized of the dish machine, moved dish racks out of the way to allow more dish racks to run through the dish machine, then went to the sink attached to the dirty side of the dish machine counter, rinsed his hands while still wearing the same gloves, returned to the clean and sanitized dish racks and removed a food service pan from the rack and placed it on the shelf above the counter. V6 returned to the dirty side of the dish machine and continued to load dish racks with the same gloves. On 4/21/25 at 11:39 AM, it was observed that there are no soap dispensers where V6 rinsed V6's gloved hands. On 4/21/25 at 11:52 AM, V3 (Food Service Director) said V3 prefers that kitchen staff do not wear gloves when washing dishes so the kitchen staff know when their hands become soiled and need to be washed. V3 said staff should remove their gloves and wash their hands after handling dirty dishes and before handling clean dishes. Facility Kitchen Policy dated 8/16/24 states, . e. Staff will was hands after handling soiled items, after using the toilet, after removing gloves, and after switching from working with raw food items to working with ready to eat food. 2. On 4/21/25 at 11:16 AM, V7 (Cook's Helper) removed a food service pan of mashed potatoes from the warmer. V7 grabbed a scoop that was sitting on top of the warmer atop a piece of aluminum foil, scooped out a portion of mashed potatoes, and placed the scoop back onto the warmer on the aluminum foil. The scoop was not covered. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 4/21/25 at 11:37 AM, V7 removed a food service pan of meat sauce from the warmer. V7 grabbed a scoop that was sitting in a clean food service pan on top of the warmer, scooped out a portion of meat sauce, and placed the scoop back into the food service pan on top of the warmer. The scoop was not covered. On 4/21/25 at 11:58 AM, V3 said the scoops should be covered to prevent cross contamination or V7 should have washed the scoops immediately after use. 3. On 4/21/25 at 11:49 AM, V22 (Cook) grabbed multiple soup base containers from a shelf below the prep counter and placed them onto the counter. V22 opened the soup containers, pulled out portion cups that were stored inside the soup base containers, and scooped some of the contents into a pot. V22 placed the portion cups back into the soup base containers, placed the lids back onto the soup base containers, and placed the containers back onto the shelf for storage. On 4/21/25 at 11:51 AM, V3 said the portion cups should not be stored inside the soup base containers and V22 should have removed them. Facility Food Handling Policy, dated 7/26/24 states, Food will be stored, prepared, handled and served so that the risk of foodborne illness is minimized.

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	145706	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Whitehall of Deerfield	300 Waukegan Road Deerfield, IL 60015

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34506 Based on observation, interview, and record review, the facility failed to ensure enhanced barrier precautions (EBP) were in place and failed to change gloves and perform hand hygiene in a manner to prevent cross contamination for five of 27 residents (R30, R51, R383, R382, R376) reviewed for infection control in the sample of 27. The findings include: 1. R30's Admission Record dated April 22, 2025 shows she was admitted to the facility on [DATE] with diagnoses including dysphagia, osteomyelitis, cognitive communication deficit, pressure injury of sacral region, and attention to gastrostomy (Percutaneous endoscopic gastrostomy tube/feeding tube/G tube). R30's Order Summary Report shows she has an indwelling catheter drainage bag and has a wound dressing change to her sacrum. R30's orders do not include an order for enhanced barrier precautions. R30's Care Plan initiated on February 20, 2025 shows, [R30] is on enhanced barrier precaution related to g-tube. On April 22, 2025 at 11:20 AM, R30 was observed in her bed. R30 tube feeding was infusing. There was a urinary drainage bag noted to R30's right side of her bed. There was no enhanced barrier precaution sign outside of R30's door, nor was there a cart with personal protective equipment. On April 23, 2025 at 9:13 AM, V2 Director of Nursing (DON) said R30 should be on enhance barrier precautions. V2 said there should be a sign outside of R30's door, and there should be a cart with personal protective equipment outside of her room. 2. R51's Admission Record shows he was admitted to the facility on [DATE] with diagnoses including Parkinson's Disease, pneumonitis, difficulty in walking, need for assistance with personal care, dysphagia, depression, and anxiety disorder. On April 21, 2025 at 1:23 PM, V20 Certified Nursing Assistant (CNA) provided incontinence care to R51. V20 folded R51's incontinence brief in between R51's legs from the front. V20 wiped R51's front peri area. There was urine in R51's incontinence brief. R51 then helped R51 to turn onto his right side by touching R51's body. V20 then wiped a stool smear from R51's buttocks. V20 then retrieved a new clean incontinence brief placed it under R51 then help R51 turn back onto his back. V20 applied the clean incontinence brief, replaced R51's clean shorts, placed a pillow in between R51's legs, and applied R51's protective heel boots. V20 did not change his gloves or perform hand hygiene when going from dirty to clean items. On April 23, 2025 at 9:13 AM, V2 DON said hand hygiene should be performed and gloves should be changed after removing dirty items and before touching clean items. 47552 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. R382's Facesheet shows R382 was admitted to the facility on [DATE]. R382's Risk Evaluation for Isolation form dated 4/12/25 shows R382 has an indwelling catheter and should be on enhanced barrier precautions (EBP) until the device is discontinued. R382's Order Summary Report dated 4/22/25 does not have orders for R382 to be on EBP. On 4/22/25 at 9:31 AM, R382's was lying in bed with the indwelling catheter tubing and collection bag hanging from R382's bed. On the wall next to R382's entrance door, no EBP signage was posted indicating R382 was on EBP and there was no personal protective equipment (PPE) cart outside of R382's room. On 4/23/25 at 10:36 AM, R382's door still did not have any EBP signage and there was no PPE cart outside of R382's room. 4. R376's Facesheet shows R378 was admitted to the facility on [DATE]. R376's Risk Evaluation for Isolation form dated 4/19/25 states R376 does not have any indwelling medical devices. R376's Admission Progress Note dated 4/18/25 states, . Resident has a foley (indwelling catheter) that was placed on 4/16/25 . R376's Order Summary Report dated 4/22/25 does not have orders for R376 to be on EBP. On 4/21/25 at 10:27 AM, R376 was sitting in R376's wheelchair with an indwelling catheter tube running to a collection bag hanging from R376's bed. On the wall next to R376's entrance door, no EBP signage was posted indicating R376 was on EBP and there was no PPE cart outside of R376's room. R376 said staff would wear gloves when providing care to R376 but staff were not wearing gowns. On 4/23/25 at 10:35 AM, on the wall next to R376's entrance door, an EBP sign was posted indicating R376 was on EBP and there was a PPE cart outside of R376's room. 5. R383's Facesheet dated 4/22/25 shows R383 originally admitted to the facility on [DATE]. R383's Risk Evaluation for Isolation form dated 4/22/25 shows R383 has an IR (Interventional Radiology) drain and should be placed on EBP until the device is discontinued. R383's Order Summary Report dated 4/22/25 does not have orders for R383 to be on EBP. On 4/22/25 at 9:26 AM, R383 was lying in bed with a drainage tube running into a collection bag that was hanging from R383's bed. On the wall next to R383's entrance door, no EBP signage was posted indicating R383 was on EBP and there was no PPE cart outside of R383's room. On 4/23/25 at 10:34 AM, on the wall next to R383's entrance door, an EBP sign was posted indicating R383 was on EBP and there was a PPE cart outside of R383's room. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/23/25 at 9:16 AM, V2 (Director of Nursing) said the Risk Evaluation for Isolation form is completed by the admitting nurse at the time of an admission. The form is conducted to assess whether a resident may need any isolation procedures. If the resident has an indwelling medical device, the resident should be placed onto EBP. V2 said examples of indwelling medical devices include, but are not limited to, PICC (peripherally inserted central catheter) lines, midline catheters, foley (indwelling) catheters, IR drains, gastrostomy tubes, and PEG (percutaneous endoscopic gastrostomy) tubes. V2 said if a resident is placed on EBP, there should be a sign indicating they are on EBP and a PPE cart will be placed outside of the resident's door. V2 said both the sign and cart can and should be applied as soon as possible once it is determined EBP is needed. The facility's Gloves Usage policy revised on March 23, 2023 shows, If the resident needs EBP, the facility will provide care following the EBP policy. A transmission based precaution set up will be provided outside the resident's room to provide personal protective equipment like gown and gloves to staff including contracted workers and visitor entering the residents' room. A sign will be provided outside the room for resident on transmission based precaution indicating the type of the precaution (contact, droplet, or EBP). Hand hygiene will be performed by staff and contracted workers before and after direct patient contact and after each situation that necessitates hand hygiene. The facility's Enhanced Barrier Precaution policy revised on July 26, 2024 shows, The facility will use EBP to reduce transmission of multi-drug resistant organisms in the nurse homes. EBP involves the use of gowns and glove to reduce transmission of resistant organisms during high contact resident care activities for residents known to be colonized or infected with multi-drug-resistant organisms as wall as residents with wounds and/or indwelling medical devices. EBP will be used for any resident in the facility with open wounds and/or has indwelling medical devices including central line, urinary catheter, feeding tubes.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40085 Based on interview and record review the facility failed to administer a pneumococcal vaccine to 1 of 5 residents (R26) reviewed for immunizations in the sample of 27. The findings include: R26's face sheet shows she was admitted to the facility on [DATE]. R26's Immunization Report shows she was administered a Pneumococcal Conjugate Vaccine 13 (PCV13) on 10/20/18. There are no additional documented Pneumococcal vaccines in R26's Immunization report or any documented refusals of Pneumococcal vaccines in her Electronic Medical Record. On 4/23/25 at 12:22 PM, V14 (Assistant Director Of Nursing) said R26's second dose of her Pneumococcal vaccine a Pneumococcal Polysaccharide Vaccination 23 (PPSV23) should have been administered 1 year after her dose given on 10/20/18 but it was missed. The facility provided Pneumococcal Vaccination Policy last revised on 9/16/24 shows after receiving a PCV13 a person over age 65 should also receive a PPSV23 1 year after the PCV 13, or they could receive newer option (added after 2019) a PCV20. The policy also shows the facility should screen residents and administer Pneumococcal vaccinations as recommended by the CDC.